

Note: Please photocopy this form and mail it to your chosen references. They should return the completed form directly to our office by mail, E-mail, or FAX (contact information listed at the bottom of this form).

**SOUTH CAROLINA LANDSCAPE ARCHITECT REGISTRATION PROGRAM
CONFIDENTIAL REFERENCE INFORMATION REGARDING APPLICANT**

APPLICANT COMPLETE THIS SECTION

Date: _____

_____ of _____
(Name) (Address)

The above referenced individual has submitted an application for registration to practice landscape architecture in South Carolina and has submitted your name as a reference. The SC Code of Laws, Title 40, Chapter 28, regulates the practice of landscape architecture in the State of South Carolina, which practice, in turn, safeguards life, health, and property and a high professional standard. Please give complete, accurate answers to the following questions. A prompt reply would be appreciated. Please use the reverse side of this form for additional comments.

REGISTERED LANDSCAPE ARCHITECTS COMPLETE THIS SECTION

A. 1. How long have you known the applicant? _____

2. Was the applicant ever employed under your direct supervision? _____ Yes _____ No

From: _____ To: _____
(Month) (Year) (Month) (Year)

_____ Full-Time or _____ Part Time (If Part-time, applicant worked: _____ Hours per week for _____ weeks.)

3. What is your opinion of the applicant's competency in the following areas?

	Excellent	Satisfactory	Unsatisfactory
(a) Technical Knowledge	_____	_____	_____
(b) Professional Experience	_____	_____	_____
(c) Professional Reputation	_____	_____	_____

4. Do you believe the applicant to be fully qualified to practice landscape architecture?

_____ Yes _____ No (If no, please explain on reverse side)

OTHERS COMPLETE THIS SECTION

B. 1. How long have you known the applicant? _____

2. Was the applicant ever employed under your direct supervision? _____ Yes _____ No

3. Did the applicant ever perform landscape architectural services for you? _____ Yes _____ No

4. Do you know of anything that, in your opinion, might preclude this applicant from being a competent landscape architect? _____ Yes (If yes, please explain on reverse side) _____ No

Reference Name: _____

Title: _____

IF LANDSCAPE ARCHITECT, AFFIX STATE LANDSCAPE
ARCHITECT SEAL:

Profession: _____

Address: _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

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SC Department of Natural Resources
SC Landscape Architect Registration Program
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